

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000086269**



1. Entity Name
J.S. CRABTREE INC.

Principal Place of Business
**1116 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

Mailing Address
**1116 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **4. FEI Number**

City & State

Zip **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

01-15-2003 90201 026 ***150.00

**FILED
Jan 15, 2003 8:00 am
Secretary of State**



CHECK HERE IF MAKING CHANGES

65-1133875

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**CRABTREE, JOAN S
1116 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **CRABTREE, JOAN S**
STREET ADDRESS **1116 CAPE CORAL PARKWAY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **CRABTREE, J STEPHEN**
STREET ADDRESS **1116 CAPE CORAL PARKWAY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.S. CRABTREE 1-13-03 (Q39) 542-9149

Date

Daytime Phone #

CR2E034 (10/02)